

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1812

Punched
OF DEATH 17
AND 21
RESIDENCE 27
IDENT 2
SOCIAL 77
ATA 4
765

BIRTH NO.

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|--|--|--|----------------------|--|-------------------------------|--|--|
| 1. PLACE OF DEATH A. COUNTY Maricopa | | B. LENGTH OF STAY IN THIS TOWN 20 yrs IN ARIZONA 20 yrs | | 2. USUAL RESIDENCE A. STATE Arizona | | REGISTRAR'S NO. 1812 | |
| C. CITY OR TOWN Phoenix | | <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | | C. CITY OR TOWN Phoenix, | | <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | |
| D. FULL NAME OF HOSPITAL OR INSTITUTION Maricopa County General Hospital | | | | D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 5255 N. 43rd. Ave | | E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED A. (FIRST) CORA B. (MIDDLE) B. C. (LAST) DOUGHERTY | | | 4. SEX Female | | 5. COLOR OR RACE White | | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed |
| 6B. NAME OF SPOUSE widowed | | 7. DATE OF BIRTH MONTH Feb DAY 25 YEAR 1882 | | 8. AGE (IN YEARS LAST BIRTHDAY) 79 | | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) none | |
| 9B. KIND OF BUSINESS OR INDUSTRY none | | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky | | 11. CITIZEN OF WHAT COUNTRY? USA | | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no | |
| 13. SOCIAL SECURITY NO. unk. | | 14A. FATHER'S NAME William Bravin | | 14B. BIRTHPLACE (STATE OR COUNTRY) Kentucky | | 15A. MOTHER'S MAIDEN NAME Anna Mary Callen | |
| 15B. BIRTHPLACE (STATE OR COUNTRY) Kentucky | | 16. INFORMANT'S SIGNATURE ADDRESS Mrs. Oliver R. Wells, 2746 W. Pala Verde, Phx. | | | | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) MAY 16th 1960 | |

1700
CAUSE OF DEATH 0
OF EATH 0
EM 18) 0

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|--|--|--|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. | | MEDICAL CERTIFICATION (A) <i>Myocardial infarction</i> DUE TO (B) <i>myocardial infarction</i> DUE TO (C) <i>myocardial infarction</i> | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |

OPERATIONS, TOPSY 2
MEDICAL CERTIFICATION 4

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|--|--|--|--|--|--|------------------------------------|--|
| 21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 9th 1960 TO May 16th 1960 , THAT I LAST SAW THE DECEASED ALIVE ON May 16th 1960 AND THAT DEATH OCCURRED AT 12:40 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | | | | | | |
| 22A. SIGNATURE <i>Carol Butler</i> | | (DEGREE OR TITLE) | | 22B. ADDRESS 3435 W. Durango, Phoenix, Ariz. | | 22C. DATE SIGNED 5-17-60 | |
| 23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) | | 23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) | | 23C. (CITY OR TOWN) (COUNTY) (STATE) | | | |
| 23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY | | 23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 23F. HOW DID INJURY OCCUR? | | | |
| 24A. CORONER'S SIGNATURE | | | | 24B. ADDRESS | | 24C. DATE SIGNED | |

CORONER'S CERTIFICATION 1
FUNERAL DIRECTOR AND REGISTRAR 2

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| 25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/> | | 25B. DATE 5/17/60 | | 25C. NAME OF CEMETERY OR CREMATORY | | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Butler, Kentucky | |
| 26A. DATE REC. BY LOCAL REG. 5/18/60 | | 26B. REGISTRAR'S SIGNATURE <i>Marion Bernardy</i> | | 27A. FUNERAL DIRECTOR'S SIGNATURE <i>H. Lee Moore Jr.</i> | | 27B. ADDRESS 333 N. Adams | |
| 28A. EMBALMER'S SIGNATURE <i>Paul F. Raver</i> | | | | 28B. EMBALMER'S CERT. NO. 326 | | | |

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